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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/771,649			ing Date 03/2004	To be Mailed	
	Al	PPLICATION	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY									
	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A			N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A]	N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x s =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			•		X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi 35 U	If the specification and drawin sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fractio 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each I thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If	he difference in colu	umn 1 is less than	r "0" in colu		TOTAL		J	TOTAL	L				
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	06/21/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 13	Minus	20		= 0		x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 1	Minus	3		= 0		X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	:				x s =		OR	x s =		
	Independent (37 CFR 1.16(h))	*	Minus	***				X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))]			
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	If the entry in column 1 is less than the entry in column 2, wite 0° in column 3. If the "Highest Mumber Perviously Paid For NT HIS SPACE is less than 80, enter "20". "If the "Highest Number Perviously Paid For NT HIS SPACE is less than 3, enter "3". "If the "Highest Number Perviously Paid For NT HIS SPACE is less than 3, enter "3". FIRST OF THE SPACE IS NUMBER PERVIOUSLY PAID FOR IT HIS SPACE is less than 3, enter "3".												

This collection of Information is equiend by 37 CFR 1.16. The information is sequiend to obtain or retain a brond thy the public within his is followed by process) an application. Condificiantly by governed by 38 USE 1.28 and 37 CFR 1.4. This collection is estimated to take 12 minutes to complete including gathering, peparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the sensor of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.